Name in Full

Certificate of Death

Estella Custer

Diod at Town: New Germany County: Garrett MARYLAND

Date 1899 Month: April Day: 3 | Age Y. 19 M. 11 D. 25 | Native of: Md | Occupation: Housewife

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife: Irvin C. Custer

Father's Name: Jessie Warnick Mother's Name: Annie M. Custer

Cause of Death: Primary: Dyspnea 77 | How long sick: 24 hours

Immediate: Coverage Lungs | Accident, Suicide, Homicide

Reported by: H. L. Bevans MD

Address: Grantsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full Augustine Friend

Certificate of Death

Died at Town Friendsville County Garrett MARYLAND

Date 1899 Month 4 Day 7 Age X M D. Still born Native of Friendsville Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Augustine Friend Mother's Name Ethe M. Friend

Cause of Death Primary Still Born ~~How long sick~~

Immediate ~~Accident, Suicide, Homicide~~

Reported by A. J. Mason MD

Address Friendsville Md

Must be signed by physician, if [illegible] attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7[illegible]

Name in Full X Certificate of Death

Maust

Died at Town Grantsville County Garrett MARYLAND

Date 1897 Month April Day 30 Age Y. M. D. 4 Native of Md Occupation None

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Lewis J Maust Mother's Name Amelia Orendorff

Cause of Death Primary 140 How long sick 3 days

Immediate inflamation Brain Accident, Suicide, Homicide

Reported by H L Berans

Address Grantsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FEBRR

Name in Full

Certificate of Death

Boby Sparr

Died at Town New Hutton County Garrett MARYLAND

Date 1899 Month April Day 18 Age Y. 3 M. 9 D. Native of Md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Thomas B. Sparr

Mother's Name Ida Sparr

Cause of Death Primary Meningitis 39a How long sick 1 week

Immediate "

Accident, Suicide, Homicide

Reported by M. C. Hinebaugh

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full Agnes Teats

Certificate of Death

Died at— Town in the country County of Garrett MARYLAND

Date 1899 Month Apr Day 24 Age Y. 19 M. 3 D. 14 Native of Md Occupation Hous Keeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband / Wife of Albert Teats

Father's Name / Mother's Name 118

Cause of Death: Primary Child Birth

Immediate

How long sick 3 or 4 Days

~~Accident, Suicide, Homicide~~

Reported by S Savage undertaker

Address Friendsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

LIBRARY BUREAU, 65968

atending physicians

Dr Cocks of Marklesburgh Pa

Dr Bauges of Teralta W-Va

Name in Full X Certificate of Death

John Wagner

Died at Town Swanton County Garrett MARYLAND

Date 1899. Month 4 Day 5 | Age Y. 62 M. 10 D. 23 | Native of Maryland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6.

Husband / Wife of Elizabeth Wagner

Father's Name John Wagner Mother's Name Rachel Kem

Cause of Death: Primary asthma (cardiac) How long sick For 25 yrs.

~~Immediate~~ 57 ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C. Fazenbaker M.D.

Address Swanton Mary Cond

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full George W. Welch

Certificate of Death

Died at Town Hoyes County Garrett MARYLAND

Data 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
9	4	2	21.	10.	2	Hoyes	Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife (Brunaman) Welch

Father's Name Benjamin Welch

Mother's Name Susan Welch

Causa of Death — Primary

Immadiata Pneumonia 72

How long sick

~~Accident, Suicide, Homicide~~

Reported by S. L. Macon md.

Address Friendsville Md.

Must be signed by physician, if any in attendance, otherwisa by coroner, undertaker or minister.

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